



County of San Diego  
Department of Environmental Health  
**OCEAN ILLNESS SURVEY**

A Cooperative Effort of the County of San Diego and Surfers Tired of Pollution (S.T.O.P.)

Your response is important in evaluating illnesses contracted through ocean water contact in San Diego County. Please fill out the form as accurately as possible. Completed surveys may be faxed to 619-338-2174, or mailed to County of San Diego DEH, Recreational Water Program, P.O. Box 129261, San Diego CA 92112-9261

**Respondent Information** (Personal information will be kept confidential)

Name \_\_\_\_\_ Address \_\_\_\_\_  
Age \_\_\_\_\_ City / Zip \_\_\_\_\_

**1. On average, how many days per year do you go into the water?** (Check one)

- ☐ Infrequent: Less than 2
- ☐ Occasional: 2 - 12 (Once every 1 - 6 months)
- ☐ Moderate: 12 - 24 (1 - 2 times per month)
- ☐ Frequent: 24 - 48 (2 - 4 times per month)
- ☐ Very Frequent: Greater than 48 (once per week)
- ☐ Routinely: (more than once per week)

**2. What is your primary means of water contact?** (Check one)

- ☐ Surfing
- ☐ Swimming
- ☐ Ocean Craft / Jet Ski
- ☐ Scuba / Snorkeling
- ☐ Sailboarding
- ☐ Mixed (Variety of Uses)
- ☐ Other (specify) \_\_\_\_\_

**3. What times of the year are you typically in the water?**      Year-round      Summer only      Winter only

**4. In the past year, have you become ill from ocean water contact in San Diego County?**      Yes      No

Use the remainder of this form to describe any illness you contracted which you believe to be related to ocean water contact. If you are reporting more than one illness, please complete a separate form for each.

**Exposure Information**

**5. Date of water contact** (please be specific)

\_\_\_\_\_  
\_\_\_\_\_

**6. Location** (beach name, break, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Illness Information**

**7. What types of symptoms did you experience?** (Check all that apply)

- ☐ Respiratory / Sinus (congestion, coughing, etc.)
- ☐ Diarrhea
- ☐ Vomiting
- ☐ Fever
- ☐ Eye (discharge, pink eye, etc.)
- ☐ General malaise or fatigue (excessively tired, etc.)
- ☐ Sore Throat / Swollen Glands
- ☐ Upset Stomach
- ☐ Headache
- ☐ Ear (discharge, pressure, etc.)
- ☐ Skin (rash, etc.)
- ☐ Other (specify) \_\_\_\_\_

**8. How long after you were in the ocean did you start experiencing these symptoms?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**9. Did you see a doctor?**      Yes      No  
**If yes, what was the doctor's diagnosis?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Comments** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_